

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585255

FILING DATE

7-5-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
7		1		1			
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41		1		1			
42		1		1			
43	1		1				
44		1		1			
45		1		1			
46	1		1				
47	1		1				
48							
49							
50							
TOTAL IND.			4				
TOTAL DEP.			43				
TOTAL CLAIMS			47				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							